## Received 6/14/10

IT OF THE DISTRICT OF COLUMBIA

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FORM APPROVED DEPARTMENT OF HEALTH Health Regulation Administration HEALTH REGULATION ADMINISTRATION 825 NGRITH FARITON STUNE, 2ND FLOOR A. BUWASHINGTON, D.C. 20002 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION iD PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) HOOM INITIAL COMMENTS H 000 **R000 Initial Comments** WHO: Capital View Senior Management met an 22 May An annual survey was conducted at your agency 2010, to review the DC Licensing Survey Deficiencies, and on May 21, 2010 and May 24, 2010, to determine made the strategic decision to initiate the plan of correction compliance with Title 22 DCMR, Chapter 39 with appropriate resources for developing tracking tools, inservice training, and deployed the appropriete human (Home Care Agencies Regulations). The findings resources and time line for implementation. The following of the survey were based on a random sample of four steps are taken to address the plan of correction that identifies the root causes of the deficiency develop a Plan of nine (9) active clinical records based on a census Carrection with strategies for systemic Quality Improvement of forth-eight (48) patients, one (1) discharge Progrom that includes: clinical record, ten (10) personnel files based on a census of fifty-seven (57)employees and three WHAT#I. Corrective actions taken to change deficient practice towards (3) home visits. The deficiencies cited during this compliance of the standards. survey were based on interviews conducted with WHAT #2. Steps token to identify potential similar deficiencies and agency staff and review of administrative corrective actions to be taken. records. 3 HOW: Quality Assurance Program and Measures to ensure systemic changes to avoid deficient practice. H 265 3911.2(e) CLINICAL RECORDS H 265 4 WHEN: Monitoring Corrective Actions over time to avoid recurrence of deficient practice in future at Each clinical record shall include the following weekly, monthly and quarterly information related to the patient: intervals. (e) Physician's orders; H265; 3911.2(e) Clinical Records: Physician orders to be available in citnical Record at all times. Corrective Actions. The deficiency was This Statute is not met as evidenced by: reviewed and the Physicians' order was Based on record review and interview, the agency included in the clinical records. The staff failed to ensure that a physician order's for policy of "verhal order", "written order", with appropriate signature was one(1)of nine (9) patients was in the clinical reviewed and protocol put in place to record. (Patient #7) ensure that all charts will have physicians' orders right after admission. A physician Order tracking log was The finding included: initiated to be reviewed on a weekly hasis with weekly chart review to ensure all orders are up-to-date 1. On May 21, 2010, at approximately 2:30 p.m., review of Patient #7's record revealed skilled Identifying similar deficiencies. The Chart Review Audit Tool and Physician nursing notes dated 04/30/10, 04/31/10 and Order tracking log were used to review 05/07/10 in which the documented" wound care all potential deficiencies and correct was done using aspectic technique to toenails them on a regular basis to reflect bilateral feet using 1/2 inch idosorb cream and compliance with this standard. then wrapped with kerlix". Further review of the record revaled there was no

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANDF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) H 265 Continued From page 1 3. H 265 Quality Assurance Program. A specific Quality Assurance Program is documented evidence of a phycian order for the initiated to address the specific standard skilled nurse to provide wound care. with appropriate tracking tool and regular monitoring protocol in place to avoid such deficiencies in future. Appropriate in-service training given. During a face to face interview with Director of Monitoring Corrective Actions. The Nursing on May 21, 2010 at approximately 3:00 Chart Review Audit Tool and The Physician Order Tracking Log will be p.m., the finding was acknowledged. used at weekly, munthly and quarterly Quality Improvement Meeting with H 355 3914.3(d) PATIENT PLAN OF CARE appropriate documentation, charting and H 355 reporting to senior management who will moaitor compliance to this standard The plan of care shall include the following: over time H355. 3914.3(d) Patient Plan of Care: SN/HHA (d) A description of the services to be provided, 1. Corrective Actions. The deficiency was including: the frequency, amount, and expected reviewed and the Plan of Care for HHA was duration; dietary requirements; medication included in the clinical records. The process HHA Plan of Care was reviewed to ensure that administration, including dosage; equipment; and it includes description, frequency, omount, supplies: expected duration, that focus on ADL (Activities of Daily Living) ond report on ABC- Appearance, Behavior and Canditions of the patient) with appropriate patient signature was reviewed, and protocol put in This Statute is not met as evidenced by: place to ensure that all charts will have appropriate Plan of Care with specific orders Based on record review and interview, the Home for Has ia the Plan of Treatment (485) right Care Agency (HCA) failed to ensure the plan of after admission. The Plan of Care will care (POC)included a description of the services include to be provided for three (3) of three (3) POC's SN: Every 30 days for PCA reviewed. (Patient's, #1, #9, and #10) supervision and 6 PRN home visits in six (6) munths for any medical health related issues. Skilled Assessment and evaluation of systems. Assess The finding included: vital signs, CP/CV status, pain and pain management, gastro-intestinal, genitor-urinary, musculo-skeletal, On May 21, 2010, record reviews from integumentary systems. Assess the approximately 11:30 a.m. until 4:30 p.m., of the endocrine, hydration, and nutrition status, home safety and response to aforementioned patient's Plan of Care's (POC), treatment on each home visit. Assess revealed that their POC's failed to a include clinical status, vital signs and description of services that were to be provide by response to medications. Review diet and instruction on medications, assess the home health aide (HHA). medication and diet compliance Instruct and supervise PCA (Personal During a face to face interview with the Director Care Aide) to assist client with personal care and ADLS. May accept of Nursing on May 21, 2010, at approximately signature from Medical Director of 5:00 p.m., she acknowledged the above findings.

Human Tnuch as needed.

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) PCA: Five (5) days a week x Eight H 363 3914.3(I) PATIENT PLAN OF CARE (8) hours a day x Six (6) months to assist with ADLS- personal care and H 363 hygiene: bathing, oral care, toileting, The plan of care shall include the following: and grooming needs. Provide assistance with meals preparation, do errands and grocery shopping, light (I) Identification of employees in charge of housekeeping; make bed, change managing emergency situations: linen, light laundry. Maintain safety; assist with tasks per HHA practice standard This Statute is not met as evidenced by: The HHA Plan of Care Tracking Log was initiated to be Based on a record review, the agency failed to reviewed on a regular basis in compliance with this include identification of employees in charge of standard. . All has been given appropriate in-service training. managing emergency situations for nine of nine patients in the sample. (Patients #1, #2, #3, #4, . 2. Identifying similar deficiencies. The HHA Plan of Care Tracking Log was used to #5, #6, #7, #8, and #9) review each chart to identify potential deficiencies and correct them on a regular The finding included: basis in compliance to this standard. 3. Quality Assurance Program. A specific On May 21, 2010, record reviews from Quality Assurance Program is initiated to approximatley 11:30 a.m. until 4:30 p.m., of address the specific standard with appropriate tracking tool and regular monitoring protocol aforementioned patient's Plan of Care's (POC) ia place to avoid such deficiencies in future. all failed to include the identification of employees Appropriate in-service training given to staff. in charge of managing emergency situations. 4. Manitoring Carrective Actions. The HHA Plan of Care racking Tool will be used at During a face to face interview with the Director weekly, monthly and quarterly Quality Improvement Meetings with appropriate of Nursing on May 21, 2010, at approximately documentation, charting the standard over 5:00 p.m., she acknowledged the above findings. time and reported to senior management who will monitor compliance to this standard over H 364 3914.3(m) PATIENT PLAN OF CARE H 364 H363-3914.3(i) Patient Plan of Care: Employee in charge of Emergency The plan of care shall include the following: Situations for each patient 1. (m) Emergency protocols; and... Corrective Actions. The deficiency was reviewed and the names of the Emplayee for Emergency Situations far each patient were included in the clinical records. The primary and secondary persons i.e. the case manager, This Statute is not met as evidenced by: and Staffing Coordinator were identified as the Based on record review, the Home Care Agency two employees in charge of Emergency (HCA) failed to ensure the plan of care (POC) Situations for each patient. A protocol that included a checklist for monitoring the included emergency protocols for nine of nine inclusion of Employee in charge of patients in the sample. (Patients #1, #2, #3, #4, Emergency situations for each patient was put **#5, #6, #7, #8, #9)** in place for all charts.

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 364 Continued From page 3 H 364 Identifying similar deficiencies. The Employee in Charge of Emergency Checklist tracking log was used for each chart to identify The findings include: potential deficiencies and correct them on a regular basis in accordance with this standard. 3. Quality Assurance Program. A specific On May 21, 2010, record reviews from Quality Assurance Program is initiated to approximately 11:30 a.m. until 4:30 p.m. of address the specific standard with appropriate tracking tool and regular monitoring protocol aforementioned patients Plan of Cares (POC), all in place to avoid such deficiencies in future. failed to include emergency protocols. 4. Monitoring Corrective Actions. The Employee in charge of Emergency situation During a face to face interview with the Director Tracking Tool will be used at weekly, monthly of Nursing on May 21, 2010, at approximately and quarterly Quality Improvement Meeting with appropriate documentation, charting and 5:00 p.m., she acknowledged the above findings. reporting to senior management who will monitor compliance to this standard over time. H 411 3915.11(f) HOME HEALTH & PERSONAL CARE H 411 H364. 3914.3(m) Patient Plan of Care-AIDE SERVICE Emergency Protocols Corrective Actions. The deficiency was I. Home health aide duties may include the reviewed and the Emergency Protocols as identified in the Joint Commission Policy and following: Procedure was reviewed and adopted for each patient and were included in the clinical (f) Observing, recording, and reporting the records. The primary and secondary persons i.e. the Director of Nursing and Staffing patient's physical condition, behavior, or Coordinator were identified as the two appearance: employees in charge of Emergency Protocol for each patient. A protocol that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations for each patient was put in place for all charts. This Statute is not met as evidenced by: The Emergency protocol is included in the Plan of Treatment (485) such that "....All staff Based on a record review and interview, the will initiate CPR/call 911 in case of agency failed to ensure home health aides Emergency, except when a valid "DNR" (Do recorded, and reported on the patient's physical Not Resuscitate) is present.... condition, behavior or appearance for three (3) of 2. Identifying similar deficiencies. The three (3) patients in the sample. implementation of the Emergency Protocol (Patients #1, #9, and #10) and it inclusion in the Plan of Treatment (485) and the Employee in Charge of Emergency Checklist tracking log was used for each chart The finding included: to identify potential deficiencies and correct them on a regular basis to reflect compliance with this standard. On May 21,2010, a record review from approximately 11:30 a.m. until 4:30 p.m., of the Quality Assurance Program. A specific 3. Quality Assurance Program is initiated to aforementioned patient records revealed, the address the specific standard with appropriate home health aides had not recorded and reported tracking tool and regular monitoring protocol the patients physical condition, behavior, or of weekly, monthly and quarterly review was

appearance to the agency.

put in place to avoid such deficiencies in

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AIND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING **B. WING** HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) H 411 Continued From page 4 Monitoring Corrective Actions. The H 411 Implementation of the Emergency Protocol is being reviewed at regular basis with the Employees in charge of Emergency situation During a face to face interview with the Director Tracking Tool at weekly, monthly and of Nursing on May 21, 2010, at approximately quarterly meetings with appropriate 5:00 p.m., the findings were acknowledged. documentation, charting and reporting to senior management who will monitor compliance to this standard over time. H 450 3917.1 SKILLED NURSING SERVICES H 411- 3915.11(f) HHA/PCA Services: H 450 Observe, Record and Report Skilled nursing services shall be provided by a 1, Corrective Actions. The deficiency was registered nurse, or by a licensed practical nurse reviewed and the HHA/PCA Services: the tasks-ORR (Observe, Record and Report) on under the supervision of a registered nurse, and ABC (Appearance, Behavior and physical in accordance with the patient's plan of care. condition) was included in the clinical records. The process abservation, record and reporting with appropriate signature was reviewed and protocol put in place to ensure This Statute is not met as evidenced by: that all charts will have appropriate HHA/PCA Based on interview and record review, the Home documentation right after each patient visit. A HHA/PCA Record Tracking Checklist was Care Agency (HCA) failed to ensure Skilled initiated to be reviewed on a regular basis. nursing services were provided in accordance with the patient's plan of care (POC) for two (2)of 2. Identifying similar deficiencies. The HHA/PCA Recording and Reporting nn ABC nine (9) patients in the sample. (Patients #6, and (Patient's appearance, behavior and physical #7) condition) tracking log was used for each chart to identify potential deficiencies and correct them on a regular hasis. The finding included: 3. Quality Assurance Pragram. A specific 1. Review of Patient #6's plan of care (POC) Quality Assurance Program is initiated to address the specific standards of ORR and dated 3/30/10, through 5/28/10, on 5/21/10, at ABC with appropriate tracking tool and approximately 3:00 p.m., ordered skilled nursing regular monitoring protocol in place to avoid such deficiencies in future. Appropriate invisits 1 to 3 times a week for 9 weeks. service was given to all HHA/PCAs on this standard Further review of the record revealed the 4. Monitoring Corrective Actions. The following: HHA/PCA Services Recording and Reporting Tracking Tool will he used at weekly, monthly a. For week #2 (04/06/10 - 04/12/10), skilled and quarterly Quality Improvement Meeting with appropriate documentation, charting and nurse provided services to the patient five reporting of the standard over time. (5)times. H450-3917.1 Skilled RN Services According to the Patient's Plan of Care b. For week #3 (04/13/10 - 04/19/10) skilled nurse provided services to the patient five Corrective Actions. The deficiency was (5)times. reviewed and the Plan of Care for Skilled Services was included in the clinical records and process is put in place to c. For week #4 (04/20/10 - 04/26/10), skilled nurse implement it strictly (RN visits I to 3

times a week for 9 weeks). The

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 450 Continued From page 5 Compliance Assurance process included H 450 the documentation of the Plan of Care and provided services to the the patient five (5) times. plan to implement it in such a way that the POC is followed by monitoring the number of weekly visits to reflect the d. For week #6 (05/04/10-05/10/10), skilled nurse patient' changing condition. Frequencies provided services to the patient five (5)times. need to have appropriate revision of the plan of care if needed and appraved by the attending physician to reflect patient e. For week #7 (05/11/10-05/17/10), skilled nurse clinical needs. The staffing coordinator and Director of Nursing will monitor provided to the patient six (6)times. frequency of visits to reflect the clinical needs and Patient's Plan of Care. There was no documented evidence that the Identifying similar deficiencies. The skilled nurse provided services in according to Patient Plan of Care tracking log was used the afprementioned Plan of Care. for each chart to identify potential deficiencies and correct them on a regular During a face to face interview with the Director of Nursing on May 21, 2010 at approximately 3. Quality Assurance Program. A specific 5:00 p.m., the above finding was acknowledged. Quality Assurance Program is initiated to address the specific standard with appropriate tracking tonl and regular 2. Review of Patient #7's plan of care (POC) monitoring protocol in place to avoid such dated 04/08/10, through 06/06/10, on 5/19/10, at deficiencies in future. approximately 4:30 p.m., ordered skill nursing 4. Monitoring Corrective Actions. The services 1 to 3 times a week for 6-9 weeks. Patient Plan of Care Tracking Tool will be used at weekly, monthly and quarterly Quality Improvement Meetings with Further review of the record revealed the there appropriate documentation, charting the was no documented evidence that the nurse standard over time. provded services for the week #1(04/08/10-04/14/10). During a face to face interview with the Director of Nursing on May 21, 2010 at approximately H458. 3917.2 (h) Skilled Nursing Services: Reporting 5:05 p.m., the above finding was acknowledged. changing patient condition to the Attending Physician Corrective Actions. The deficiency was H 458 3917.2(h) SKILLED NURSING SERVICES reviewed and the names of the Employee for H 458 Emergency Situations for each patient were included in the clinical records. The primary Duties of the nurse shall include, at a minimum, and secondary persons i.e. the case manager the following: and Slaffing Coordinator were identified as the two employees in charge of Emergency Situations for each patient. Each clinician is (h) Reporting changes in the patient's condition to responsible for contacting the physician for changes in the client's condition. A protocol the patient's physician: that included a checklist for monitoring the inclusion of Employee in charge of Emergency situations far each patient was put

in place for all charts.

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW. SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) H 458 Continued From page 6 H 458 2. Identifying similar deficiencies. The Employee in Charge of Emergency Checklist This Statute is not met as evidenced by: tracking log was used for each chart to identify potential deficiencies and correct them on a Based on record review, the agency's skilled regular basis nurse failed to report changes in the patient's condition to the patient's physician for one of one 3. Quality Assurance Program. A specific Quality Assurance Program is initiated to patients. (Patient #3) address the specific standard with appropriate tracking tool and regular monitoring protocol The finding includes: in place to avoid such deficiencies in future. 4. Monitoring Corrective Actions. The On May 21, 2010, at approximately 1:00 p.m., Employee in charge of Emergency situation record review revealed skilled nursing notes Tracking Tool will be used at weekly, monthly and quarterly review meetings and reported to dated 05/12/10, in which the nurse documented senior management for monitoring over time. the patient blood pressure was 160/110 and the skilled nurse dated 05/17/10, the patient's blood pressure was 143/100. Further review of the record revealed there was no documented evidence that the skilled nurse informed the physician of the change in the patients conditions. During a face to face interview with the Director of Nursing on May 21, 2010 at approximately 2:00 p.m., the finding was acknowledged.

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Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HCA-0023 05/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDEO BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 INITIAL COMMENTS R 000 R 125 4701.5 Global Seven (7) Year Criminal Background Surveyor: DC006 An annual survey was conducted at your agency Check on May 21, 2010 and May 24, 2010, to determine Corrective Actions. The deficiency was compliance with Title 22 DCMR, Chapter 39 reviewed and A Global 7 Year (Home Care Agencies Regulations). The findings Background Check List that includes criminal history of prospective of the survey were based on a random sample of employee ar contract worker for the nine (9) active clinical records based on a census previous seven (7) years in all jurisdictions where the prospective of forth-eight (48) patients, one (1) discharge employee/contractor has lived or clinical record, ten (10) personnel files based on worked was included in the personnel a census of fifty-seven (57)employees and files. All clinicians and personnel are instructed to have Global Background three(3) home visits. The deficiencies cited during Check completed for any state they have this survey were based on interviews conducted lived in the past seven (7) years. An with agency staff and review administrative account with Global Investigative Services- a digital (web based) services records. located at 1109 Spring Street, Ste 411, Silver Spring, MD (301.589.0088), 1.800.589.6595) is initiated; Global 7 R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125 Year Background Checklist is used to check the background for all personnel at the time of hire. All current The criminal background check shall disclose the deficiencies corrected to reflect criminal history of the prospective employee or compliance with this standard. contract worker for the previous seven (7) years, Identifying similar deficiencies. The in all jurisdictions within which the prospective Global 7 Year Background Checklist employee or contract worker has worked or tracking log and regular review of this standard is initiated as part of the resided within the seven (7) years prior to the regular Personnel Requirements Due Checklist that will be used for each personnel file to identify potential deficiencies and correct them on a This Statute is not met as evidenced by: regular basis. Surveyor, DC006 Based on the record review and interview, the 3. Quality Assurance Program. A specific Quality Assurance Program is home care agency (HCA) failed to ensure initiated to address the specific standard criminal background checks for the previous with appropriate tracking tool and seven (7) years, in all jurisdictions where staff regular monitoring protocol put in place to avoid such deficiencies in future had worked or resided within the seven (7) years prior to the check for one of ten personnel 4. Monitoring Corrective Actions. The Global 7 Year Background Tracking records reviewed. (Employee #2) Tool will be used at weekly, monthly and quarterly Quality Improvement The finding includes: Meetings with appropriate documentation, charting and reporting of this standard over time at weekly, On May 21, 2010, at approximately 11:15 a.m., monthly and quarterly intervals. review of Employee #2's personnel record

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TITLE

(X6) DATE

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HCA-0023 05/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 THOMAS JEFFERSON STREET NW, SUITE 180 G CAPITOL VIEW HOME HEALTH WASHINGTON, DC 20007 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R 125 Continued From page 1 R 125 revealed that she lived/worked in Dallas, Texas from 2005 through 2008, and currently resides in Virginia and works in the District of Columbia. Further review of the personnel records failed to provide evidence of a criminal background checks that disclosed a seven year listing of all jurisdictions where Employee #2 had worked or resided at the time of the survey. Interview with Employee #2 on May 24, 2010, at 9:40 a.m., confirmed that she lived/worked in Dallas, Texas within the past seven years, and currently resides in Virginia and works in the District of Columbia.